

<i>SERFF Tracking Number:</i>	<i>DLSN-125423517</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delos Insurance Company (FKA Sirius America Insurance Company)</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>D-WC-AR-08-03RU</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Delos Insurance Company (FKA Sirius America Insurance Company)

Product Name: Workers Compensation	SERFF Tr Num: DLSN-125423517	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: D-WC-AR-08-03RU	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: David Gartland	Disposition Date: 01/10/2008
	Date Submitted: 01/09/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: CIF Item Filing B-1405
Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-09 of 2007	
Filing Status Changed: 01/10/2008	
State Status Changed: 01/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Delos Insurance Company is filing to adopt NCCI CIF Item Filing B-1405 which relates to the rules for the Terrorism Risk Insurance Program Reauthorization Act of 2007.	

Company and Contact

SERFF Tracking Number: DLSN-125423517 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$25
Company Tracking Number: D-WC-AR-08-03RU
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Filing Contact Information

David Gartland, Vice President dgartland@delosinsurance.com
120 West 45th Street (212) 702-3712 [Phone]
New York, NY 08852 (212) 302-9279[FAX]

Filing Company Information

Delos Insurance Company (FKA Sirius America CoCode: 35408 State of Domicile: Delaware
Insurance Company)
120 West 45th Street Group Code: 4381 Company Type: Property & Casualty
New York, NY 08852 Group Name: Lightyear Delos State ID Number:
(212) 702-3712 ext. [Phone] Group
FEIN Number: 13-2930697

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25.00 when adoptin NCCI rule.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delos Insurance Company (FKA Sirius America Insurance Company)	\$25.00	01/09/2008	17415827

SERFF Tracking Number: *DLSN-125423517* *State:* *Arkansas*
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Company Tracking Number: *D-WC-AR-08-03RU*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/10/2008	01/10/2008

SERFF Tracking Number: *DLSN-125423517* *State:* *Arkansas*
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *D-WC-AR-08-03RU*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: */*

Disposition

Disposition Date: 01/10/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: DLSN-125423517 State: Arkansas

Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$25

Company Tracking Number: D-WC-AR-08-03RU

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

SERFF Tracking Number: *DLSN-125423517* *State:* *Arkansas*
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *D-WC-AR-08-03RU*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: DLSN-125423517 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$25
Company Tracking Number: D-WC-AR-08-03RU
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/10/2008
Comments:
See attached.
Attachment:
D-WC-AR-08-03RU Transmittal.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 01/10/2008
Bypass Reason: We are not adopting new loss costs.
Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 01/10/2008
Bypass Reason: We are not adopting new loss costs.
Comments:

Property & Casualty Transmittal Document

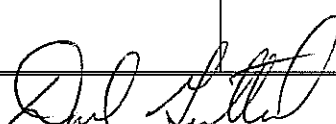
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
N/A	0000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Delos Insurance Company	Delaware	35408	13-2930697	

5. Company Tracking Number	D-WC-AR-08-03 RU
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
David Gartland 120 West 45 th St., 36 th Floor New York, NY 10036	Vice President	(212) 702-3712	(212) 309-9279	dgartland@delosinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		David Gartland		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0000 WC Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 1/1/08 Renewal: 1/1/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	National Council on Compensation Insurance, Inc.
17. Reference Organization # & Title	Item B-1405 Terrorism Risk Insurance Program Reauthorization Act of 2007
18. Company's Date of Filing	01/09/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	D-WC-AR-08-03 RUL
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Delos Insurance Company is filing to adopt NCCI Countrywide Item Filing B-1405--Terrorism Risk Insurance Program Reauthorization Act of 2007.

We would like this filing to apply to all new and renewal business effective January 1, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount: \$25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	D-WC-AR-08-03 <u>RU</u>
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Delos	0	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	2.7%
7.	Effective Date of last rate revision	1/1/08
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	National Rule 3-A-24-a	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	